

SCJA 23
Rev. 5/98

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

IN UNITED STATES MAGISTRATE X DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE FOR LOCATION NUMBER
USA V.S. SPENCER GRAY AT

PERSON REPRESENTED (Show your full name) DOCKET NUMBERS

CHARGE/OFFENSE (describe if applicable & check) Felony 21 USC 841 Misdemeanor

1 Defendant—Adult
2 Defendant - Juvenile
3 Appellant
4 Probation Violator
5 Parole Violator
6 Habeas Petitioner
7 2255 Petitioner
8 Material Witness
9 Other

District Court
04-10115-RCL
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed		
	Name and address of employer: <i>Spencer Gray</i>		
	IF YES , how much do you earn per month? \$ <i>1200 a month</i>	IF NO , give month and year of last employment	
		How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IF YES , how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____		
Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ASSETS {	OTHER INCOME	RECEIVED	SOURCES
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	\$ _____	_____
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION
		_____	_____

OBLIGATIONS & DEBTS {	DEPENDENTS {	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
		<input checked="" type="checkbox"/> SINGLE	2	<i>Karen Gray</i>	
		<input type="checkbox"/> MARRIED		<i>Karen Gray</i>	
		<input type="checkbox"/> WIDOWED		<i>> Father</i>	
		<input type="checkbox"/> SEPARATED OR			
<input type="checkbox"/> DIVORCED					
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <i>Rent - \$950</i>	Creditors	Total Debt	Monthly Paymt.	
	<i>Child Support - \$125 a month</i>		\$ <i>450</i>	\$ <i>450</i>	
			\$ <i>125</i>	\$ <i>125</i>	
			\$ _____	\$ _____	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Spencer Gray